

# INDIVIDUAL PERSONAL AFFIDAVIT

Instructions: This form must be completed by: sole owners and their spouses; each general partner and their spouses; officers of a corporation and a majority of the board of directors; persons holding 10% or more of the capital or stock of a corporation and their spouses; persons holding 10% or more of the capital or stock of a limited liability company or limited partnership and their spouses.

FINGERPRINTING (ABC USE ONLY)  
 Active       Livescan  
 Date: \_\_\_\_\_

**If Item #23b is checked, you must complete Form ABC-208-B, Financial Affidavit.**

1. FIRST NAME	MIDDLE NAME	LAST NAME	2. PREVIOUS NAME(S) (include maiden name, aka, alias)
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3. PREMISES ADDRESS	4. PREMISES TELEPHONE NUMBER
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5. HOME ADDRESS	6. HOME TELEPHONE NUMBER
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7. SOCIAL SECURITY NUMBER	8. DRIVER'S LICENSE OR ID NUMBER	9. STATE WHERE DL OR ID ISSUED	10. WORK OR CELL TELEPHONE NUMBER
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11. PERSONAL DATA <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
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12. BIRTHDATE	13. BIRTHPLACE (City, State, Country)	14. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Registered Partner
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15. SPOUSE'S/REGISTERED PARTNER'S NAME (Last, first, middle) (Include alias)	16. MARRIAGE DATE	17. MARRIAGE PLACE (City, State)
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18. I AM OR WILL BE <input type="checkbox"/> Sole Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Food Lessee <input type="checkbox"/> Officer    Title: _____ <input type="checkbox"/> Spouse/Registered Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> LLC Member/Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Stockholder
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19. Do you now have any direct, or indirect, interest in any other alcoholic beverage business, or have you ever been an alcoholic beverage licensee or an officer or director of a corporate licensee in or outside of California?     Yes     No

*IF YES, EXPLAIN (List License number and/or premises address)*

20. Have you as an individual, a partner, or while an officer, director, or stockholder of a corporation ever had an alcoholic beverage license denied, suspended, revoked, or an offer in compromise accepted or rejected?     Yes     No

*IF YES, EXPLAIN*

21. EMPLOYMENT HISTORY (Past five years - include unemployed, student, homemaker, etc. Use additional sheets if needed.)

FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE	COMPANY NAME AND CITY

22. Have you ever, anywhere or at any time, (1) forfeited bail, (2) been convicted, (3) fined, or (4) placed on probation for any violation of the law? (5) Are you now actively being prosecuted for a criminal offense?  
*(If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in expungement, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under age 18 years, has been issued. If no order has been issued, the answer must be "Yes.")*     Yes     No

ARREST DATE	PLACE OF ARREST	OFFENSE	RESULT/DISPOSITION

23. FINANCIAL CONTRIBUTION TO THE BUSINESS (If Box B is checked, complete Form ABC-208-B)  
 A. I am not making a contribution in any form     C. I am contributing labor/expertise only  
 B. I am making a financial contribution     D. Same as the affidavit of \_\_\_\_\_

***I have read all of the above and declare under penalty of perjury that each and every statement is true, correct and complete.***

AFFIANT SIGNATURE	TITLE
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DATE SIGNED	PLACE SIGNED	ATTEST (ABC EMPLOYEE OR NOTARY PUBLIC)
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